

EXHIBIT I

2 EASTERN DIVISION

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7 OPIATE LITIGATION

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<p style="text-align: right;">Page 90</p> <p>1 A. No.</p> <p>2 Q. Have you ever, outside of your early medical</p> <p>3 experience, participated -- well, let me ask it this</p> <p>4 way: So in some of these treatment of the</p> <p>5 mother-child dyads, there's other healthcare</p> <p>6 professionals who are focused on the mother,</p> <p>7 correct?</p> <p>8 A. We have specialists in our OPQC team that are</p> <p>9 maternal-fetal medicine, addiction medicine</p> <p>10 specialists, obstetrics, social workers, yes. We have</p> <p>11 every field covered.</p> <p>12 Q. Okay. And even though you're talking about</p> <p>13 all of those fields here, your part where you're</p> <p>14 actually an expert is on the pediatrics side?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. I do take care of pediatric patients,</p> <p>17 correct.</p> <p>18 Q. Do you hold yourself out as an expert in</p> <p>19 anything relating to the social services or</p> <p>20 educational support that might be required because of</p> <p>21 any kind of deficit in a newborn or a child?</p> <p>22 A. So when we take care of the patient, it's the</p> <p>23 family that we are addressing. So if a -- the whole</p> <p>24 social service umbrella incorporates everything of the</p> <p>25 family.</p>	<p style="text-align: right;">Page 92</p> <p>1 you would need to implement additional care for a</p> <p>2 mother-child dyad affected by drug abuse?</p> <p>3 Those specifics would be beyond your</p> <p>4 expertise as well, correct?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 A. That is correct.</p> <p>7 Q. And, therefore, that's -- and that's part of</p> <p>8 why in your report you didn't outline any specifics of</p> <p>9 what you think -- actually think social services would</p> <p>10 need to provide, correct?</p> <p>11 A. Exactly.</p> <p>12 Q. And the same thing goes for any of these</p> <p>13 areas in terms of obstetrical care or any of the</p> <p>14 general topics that you've identified, that there</p> <p>15 would be need for some sort of plan or some sort of</p> <p>16 services to be provided to improve or -- I'm sorry --</p> <p>17 as you say, optimize maternal-fetal outcomes.</p> <p>18 Those sorts of specifics would need to be</p> <p>19 provided by experts in the specific fields, not you?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. I agree with that.</p> <p>22 Q. And there's nowhere where, for this case,</p> <p>23 you've gone forward and set out that level of detail</p> <p>24 about what a specific program would need to include at</p> <p>25 the level of detail that you would really need to</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. So let me break it down because I can give</p> <p>2 some examples.</p> <p>3 You've already talked about occupational</p> <p>4 therapy and physical therapy and when those might be</p> <p>5 required and how those might correct some of the sorts</p> <p>6 of issues that you've identified, correct?</p> <p>7 A. That is correct.</p> <p>8 Q. So you're not an expert in occupational</p> <p>9 therapy or physical therapy, correct?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. So to get into that field of OT or PT, they</p> <p>12 need a referral from us. So we determine if they need</p> <p>13 those services.</p> <p>14 Q. Is that the extent of where you claim</p> <p>15 expertise?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. What about anything relating to social</p> <p>18 work or the sorts of social services that are</p> <p>19 typically provided on a county basis in Ohio?</p> <p>20 A. Once again, it's knowing that they have a</p> <p>21 need is our -- and then referral, and then</p> <p>22 letting them take over.</p> <p>23 Q. What about, like, the specifics of the social</p> <p>24 work or the social services part of that, how you</p> <p>25 would form a specific plan and what kind of staffing</p>	<p style="text-align: right;">Page 93</p> <p>1 implement a program, correct?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. Depends on what you mean by "detail," yes.</p> <p>4 Q. Well, I mean, we know that when it comes to,</p> <p>5 like, the actual treatment of NAS children in the</p> <p>6 hospital, when you initiate medication, how you might</p> <p>7 do nonpharmacologic therapy, the -- what you might do</p> <p>8 to provide different types of nutrition through breast</p> <p>9 milk or formula, those sorts of things.</p> <p>10 There are extensive plans that have been</p> <p>11 published by you and by some of the entities that we</p> <p>12 talked about, right?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. But in terms of the level of detail to</p> <p>15 say actually how you would implement a plan and what</p> <p>16 staffing you would need for a plan, what money you</p> <p>17 would need for a plan, on any of the other aspects of</p> <p>18 your report, that's not anywhere that you've adopted</p> <p>19 or referenced, correct?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. That's accurate.</p> <p>22 Q. And as we said, the recommendations that you</p> <p>23 have across the board aren't specific to the needs of</p> <p>24 Cuyahoga or Summit County.</p> <p>25 They're recommendations, I asked you before:</p>

<p style="text-align: right;">Page 138</p> <p>1 of stay, you're going to decrease the cost.</p> <p>2 Q. Okay. So basically you have things you want</p> <p>3 to do to save money, save healthcare dollars?</p> <p>4 A. All we're proposing -- yes, that's one of the</p> <p>5 goals, is to improve the outcomes.</p> <p>6 Q. Okay. But you're not going to offer any</p> <p>7 opinions about how much any of your plan would cost if</p> <p>8 it were implemented in Cuyahoga County, Summit County,</p> <p>9 or both, correct?</p> <p>10 A. That is correct.</p> <p>11 Q. Okay. And you're certainly not offering some</p> <p>12 sort of opinion about how much it would cost to just</p> <p>13 address the portion of this that relates to people</p> <p>14 taking legal prescription -- legal prescriptions of</p> <p>15 prescription opioids?</p> <p>16 MS. KEARSE: Object to form.</p> <p>17 A. Correct.</p> <p>18 Q. Okay. Do you have an understanding as to how</p> <p>19 much of the NAS you see is related to legal use versus</p> <p>20 illicit use?</p> <p>21 A. I would have to go back to our data to look</p> <p>22 at that. I don't know off the top of my head.</p> <p>23 Q. Okay. Do you have a -- like a majority is</p> <p>24 illicit? Do you have an understanding at that level?</p> <p>25 A. I think a third is illicit.</p>	<p style="text-align: right;">Page 140</p> <p>1 what you're asking?</p> <p>2 Q. Do you intend to offer any opinions that's</p> <p>3 limited to just those issues?</p> <p>4 A. Yeah.</p> <p>5 Q. You do?</p> <p>6 A. That if you never get a prescription, you're</p> <p>7 never going to have NAS.</p> <p>8 Q. Okay. So what about the percentage of people</p> <p>9 in Ohio who use heroin and heroin was the first drug</p> <p>10 they ever used?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 Q. That happens, right?</p> <p>13 A. I'm sure it has.</p> <p>14 Q. I mean, NAS has been described in the medical</p> <p>15 literature since, what, the 1970s?</p> <p>16 A. 1975 was the first paper, correct.</p> <p>17 Q. I think I have it and have read it. It was a</p> <p>18 page-turner.</p> <p>19 But the NAS that's described in the earliest</p> <p>20 stuff was, what, related to methadone use in pregnant</p> <p>21 women, or is it related to heroin?</p> <p>22 A. Heroin.</p> <p>23 Q. So there have been withdrawal and specific</p> <p>24 clinical entity described from heroin use in pregnant</p> <p>25 women for more than four decades now, correct?</p>
<p style="text-align: right;">Page 139</p> <p>1 Q. A third is illicit?</p> <p>2 A. I think that's what we published in our first</p> <p>3 paper.</p> <p>4 Q. Okay. So you think two-thirds, then, are</p> <p>5 people who are only taking while pregnant under the</p> <p>6 direction of a -- of a doctor and they're not using</p> <p>7 polypharmacy or some other illegal drugs at the same</p> <p>8 time?</p> <p>9 A. So illicit opioid. So the nonillicit would</p> <p>10 include MAT and prescribed opioids.</p> <p>11 Q. Okay. So --</p> <p>12 A. So any prescribed opioid.</p> <p>13 Q. What about the --</p> <p>14 A. I just --</p> <p>15 Q. I'm sorry. I didn't mean to cut you off.</p> <p>16 A. I think that's what we published in our very</p> <p>17 first paper, was our illicit use back then.</p> <p>18 Q. Do you have any opinions that would look at</p> <p>19 impacts or what to do to fix any of the impacts that's</p> <p>20 focused at all just on the prescription part of it?</p> <p>21 Like patients who got a legal prescription for an</p> <p>22 opioid and then took it pursuant to directions with no</p> <p>23 other illegal drugs at the same time?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 A. What would be my recommendation? Is that</p>	<p style="text-align: right;">Page 141</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. That is correct.</p> <p>3 Q. And do you know what percentage of the NAS</p> <p>4 babies that the drug use they have has only ever been</p> <p>5 legal?</p> <p>6 Let me withdraw that. Let me -- let me fix</p> <p>7 it, I think, because we're including MAT, right?</p> <p>8 Nobody's -- the people aren't starting with</p> <p>9 MAT unless they already have an addiction or a</p> <p>10 diagnosed disorder, correct?</p> <p>11 A. That is correct.</p> <p>12 Q. So, there's some portion of pregnant women</p> <p>13 who are getting a legal prescription for an opioid for</p> <p>14 chronic pain, for instance, right?</p> <p>15 A. That is correct.</p> <p>16 Q. And you have that in your hospitals,</p> <p>17 correct?</p> <p>18 A. Yes.</p> <p>19 Q. Sometimes prescribed by your colleagues,</p> <p>20 correct?</p> <p>21 A. Yes.</p> <p>22 Q. And you're not here to opine that</p> <p>23 prescription use of opioids in pregnant women for an</p> <p>24 indication like chronic pain is always wrong, are</p> <p>25 you?</p>

<p style="text-align: right;">Page 150</p> <p>1 to either of them, what they did or didn't do, or 2 should or shouldn't have done? 3 A. No. 4 Q. And so the other, like, 15 defendants, you 5 certainly aren't offering any opinions specific to 6 their conduct, correct? 7 A. I didn't know there was 17. 8 Q. So let's go back to the allegations of the 9 Plaintiffs and what their information is. 10 We talked about conversations you may have 11 had through OPQC with people who work in those 12 counties, correct? Remember that? 13 A. Uh-huh. 14 Q. And we talked about -- 15 A. Yes. 16 Q. -- how you've seen some county-specific data 17 along the way, correct? 18 MS. KEARSE: Object to form. 19 A. It's regional data for OPQC. 20 Q. I know -- 21 A. You're talking about OPQC now. 22 Q. I'm not. 23 You've also seen some Cuyahoga and 24 Summit-specific data from some of the sources that 25 you've cited, correct?</p>	<p style="text-align: right;">Page 152</p> <p>1 Defendants? You couldn't offer that testimony? 2 A. Wouldn't know who you were talking about, so, 3 no. 4 Q. I didn't think so, but I'll spot you 5 something: There are manufacturers, and there are 6 distributors, and there are retail pharmacy 7 defendants. Those are three ways that you might group 8 this. 9 You're not going to talk at trial about 10 anything the manufacturers as a whole did or didn't do 11 and how that caused any harm, correct? 12 MS. KEARSE: Object to form. 13 A. Not my area of expertise. 14 Q. So you're not going to do it, right? 15 A. Yeah, I would assume not. 16 Q. Okay. I mean, that's kind of the way this 17 works, is you disclose opinions, you claim expertise, 18 and as I understand you, Dr. Wexelblatt, you're going 19 to only try to offer opinions at trial that are 20 disclosed within your area of expertise and where 21 you've done enough research and evaluation that you 22 can offer an opinion. 23 Am I right so far? 24 A. That is a hundred -- correct. 25 Q. Okay. So you're not going to offer any</p>
<p style="text-align: right;">Page 151</p> <p>1 A. That is also correct. 2 Q. So in connection with your role in this 3 litigation, have you read any testimony given by 4 anybody who is a representative of or ever worked for 5 Cuyahoga or Summit County? 6 A. No. 7 Q. Have you looked at any of the documents 8 they've produced in the litigation? 9 A. No. 10 Q. Have you looked at any of their discovery 11 responses explaining what they think their harms were 12 or what their particular allegations are, or any of 13 those other things? 14 A. No. 15 Q. What about anything from the Defendants? 16 Have you looked at any documents produced by any 17 Defendant? 18 A. No. 19 Q. Do you have the ability to offer any opinions 20 about whether any portion of any harm that's claimed 21 by Cuyahoga or Summit County was caused by any action 22 or inaction of any specific Defendant? 23 A. I would have no idea at this point without 24 looking at anything. 25 Q. And the same thing goes for groups of</p>	<p style="text-align: right;">Page 153</p> <p>1 opinions about what any group of distributors did or 2 didn't do, or how that caused any harms, or what -- 3 anything would need to be done to try to fix any of 4 that? 5 MS. KEARSE: Object to form. 6 A. That's correct. 7 Q. Same thing for the other group of the 8 Defendants, the retail pharmacies, correct? 9 A. If they're mentioned, yes. 10 Q. And so this brings us back to where we were 11 about the issue of licit versus illicit drugs. I am 12 not sure you used the word "licit." I just did. 13 But do you know what that means? 14 A. Prescribed? 15 Q. Well legal, yeah. 16 A. Okay. 17 Q. So -- because you could have a prescribed 18 drug that's used illegally, right? Like you could -- 19 A. Right. 20 Q. -- steel somebody's prescription or you could 21 give it to somebody else and then the use ultimately 22 is illegal or illicit, correct? 23 A. You could -- yes, that is correct. You could 24 illicitly use a prescribed substance. 25 Q. In various ways, including buying and on the</p>

<p style="text-align: right;">Page 158</p> <p>1 your recommendations for what they should have been 2 doing in the past?</p> <p>3 A. For all of those recommendations, you are 4 correct.</p> <p>5 Q. So you don't intend to offer an opinion at 6 trial as to anything that Cuyahoga County should be 7 doing extra in 2019 compared to what they're doing 8 already?</p> <p>9 MS. KEARSE: Objection. That misstates his 10 testimony.</p> <p>11 A. Can you repeat that one more time? I --</p> <p>12 Q. Sure. That was like the shortest one I've 13 asked all day.</p> <p>14 A. Yeah, I was just --</p> <p>15 Q. I will.</p> <p>16 You don't intend to offer an opinion at trial 17 that Cuyahoga County should be doing anything extra in 18 2019 compared to what they're already doing?</p> <p>19 MS. KEARSE: Objection.</p> <p>20 A. Not a hundred percent sure if they're doing 21 all of that, but if they are not doing the 22 recommendations, then I would recommend it.</p> <p>23 Q. Okay. So sitting here today, are you in a 24 position to offer any opinions that there are specific 25 additional things that Cuyahoga or Summit County need</p>	<p style="text-align: right;">Page 160</p> <p>1 services, other employees of the county should do, 2 what you want patients to do, what you would want to 3 be in a public education campaign.</p> <p>4 You're requiring a lot of actions not just by 5 specific hospitals, but you're suggesting actions 6 should be taken by a number of different actors in the 7 communities, correct?</p> <p>8 A. Correct.</p> <p>9 Q. So going back to my question before: Sitting 10 here today, you're not in a position to say any 11 additional things that any actor in Cuyahoga or Summit 12 County should be doing compared to what they're 13 already doing now?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. If they're not doing it, then I would 16 recommend them doing it.</p> <p>17 Q. And sitting here today, you're not in a 18 position to know what anybody is doing in these 19 counties with regard to any of these 20 recommendations?</p> <p>21 A. I know in the general terms, certain parts 22 are doing certain recommendations, but not every 23 hospital in every county and every social worker in 24 the whole county.</p> <p>25 Q. And to do any of these things -- kind of the</p>
<p style="text-align: right;">Page 159</p> <p>1 to be doing going forward compared to what they're 2 already doing right now?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. It would be the recommendations in the report 5 is what we would recommend them be doing.</p> <p>6 Q. But you don't know how that relates to what 7 they're already doing?</p> <p>8 A. Countywide in each -- in the whole -- 9 throughout the whole county, correct.</p> <p>10 Q. Or at any particular hospital in the county, 11 can you provide the level of detail of saying at, you 12 know, the Rainbow Health facility that's part of your 13 consortium in Cuyahoga County, how their current 14 practices relate to this and what they would need to 15 change as much as this relates to hospitals as to 16 other actors?</p> <p>17 Can you do that?</p> <p>18 A. Not at the -- every hospital-specific level 19 in the county.</p> <p>20 Q. Okay. And as we said, I mean, prevention, 21 education and training, supportive services, and 22 interventions, these are not just things you're asking 23 that hospitals should do; these are things that you're 24 asking various medical providers around the county 25 should do, various public servants, you know, social</p>	<p style="text-align: right;">Page 161</p> <p>1 Section 4 of your report -- there would need to be 2 detailed plans put forward, and various people would 3 need to sign on, correct?</p> <p>4 MS. KEARSE: Objection.</p> <p>5 A. It would be a regional approach, correct.</p> <p>6 Q. And as far as you know, that hasn't happened, 7 and you can't say if it ever would work?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. I can't say it has happened, and I think it 10 would work if we implemented it.</p> <p>11 Q. No. I mean, you can't say that all of the 12 people who would need to participate would ever sign 13 on and agree with your plan?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. I would hope they would.</p> <p>16 Q. Okay. So do you know the difference between 17 hope and being able to opine under oath that something 18 is going to happen?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. Never used the word "opine" before, so I 21 don't know.</p> <p>22 Q. Let me see if I can ask this: Sitting here 23 today, can you -- because it's in your report -- can 24 you offer an opinion to a reasonable degree of medical 25 certainty in the field of pediatrics and</p>

<p style="text-align: right;">Page 182</p> <p>1 we are seeing the exact increase of the heroin and the 2 fentanyl.</p> <p>3 Q. Do you know any other changes in terms of 4 like what is going on or what has gone on with cartel 5 activity or importation of illegal drugs from China 6 that involve, you know, designer drugs, to get around 7 like DA limits on drugs?</p> <p>8 Do you know anything about any of that?</p> <p>9 A. Not outside of what I read on CNN.</p> <p>10 Q. So is that expert opinion or is that just 11 educated consumer?</p> <p>12 A. I don't know -- I would not be an expert on 13 cartel or Chinese manufacturing of fentanyl.</p> <p>14 Q. So other than saying in general you know 15 there was a time when the prescription -- the levels 16 of prescriptions in Ohio and the country went up, do 17 you have anything else to say about the cause of the 18 opioid or opiate crisis?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. No.</p> <p>21 Q. Do you know -- well, do you intend to offer 22 -- let me ask this way: As I understand it, you don't 23 intend to offer any opinions as to the percentage of 24 harms in terms of NAS or any maternal-fetal issues 25 that relate solely to medically unnecessary</p>	<p style="text-align: right;">Page 184</p> <p>1 category or not.</p> <p>2 Q. Are you critical of other doctors or other 3 healthcare providers for writing prescriptions and 4 filling prescriptions that you think weren't 5 appropriate?</p> <p>6 A. I think that was done.</p> <p>7 Q. Do you have some expert opinions and a basis 8 to offer an opinion about how often that was done or 9 how much a part of the problem it was here?</p> <p>10 A. I couldn't give you the numbers or 11 percentages, but I can just tell you -- I just know 12 the data that shows the unintentional overdose from 13 prescription opioids increased. So that would be the 14 only then I would feel comfortable talking about.</p> <p>15 Q. So your belief is that doctors bear some of 16 the responsibility for writing medically unnecessary 17 prescriptions?</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 A. I think the education wasn't there to inform 20 people or it was just not known at that time.</p> <p>21 Q. So is that a yes: You think doctors bear 22 some of the responsibility?</p> <p>23 MS. KEARSE: Object to form.</p> <p>24 A. Yes.</p> <p>25 Q. And do you intend to offer any opinions about</p>
<p style="text-align: right;">Page 183</p> <p>1 prescriptions of opioids?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. Did you mean to ask it as a double negative, 4 or no? Because I think you did.</p> <p>5 Q. I think I did.</p> <p>6 A. Okay. So I --</p> <p>7 Q. You don't intend to offer any opinions as to 8 the harm that was attributed to the medically 9 unnecessary prescription of opioids?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. Medically unnecessary?</p> <p>12 Q. Yeah. Like -- so, every prescription that 13 got written and filled, there were healthcare 14 providers writing a script and then some pharmacy 15 filling it or some other way that it got dispensed.</p> <p>16 Is that fair so far?</p> <p>17 A. That is correct.</p> <p>18 Q. Are you offering any opinions about the 19 conduct of any doctors or pharmacists or other people 20 in the healthcare chain that led to any particular 21 prescriptions being written and filled?</p> <p>22 A. So I think one of the problems was there were 23 some many prescriptions filled that people had extra, 24 and then there was misuse based on the extra unused 25 pills. So I don't know if that would fall into this</p>	<p style="text-align: right;">Page 185</p> <p>1 the percentage of responsibility that goes on doctors 2 across Ohio for writing medically unnecessary 3 prescriptions?</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 A. I would have no idea to -- how to quantify 6 that.</p> <p>7 Q. And you can't do that for Cuyahoga County or 8 Summit County either, can you?</p> <p>9 A. There would be no difference.</p> <p>10 Q. And what about any like individual, you know, 11 small nondefendant pharmacies or any particular 12 pharmacists who maybe have lost their license or gone 13 to jail over the years for conduct in relation to 14 dispensing controlled substances? Are you aware of 15 anything about that?</p> <p>16 A. I am aware of that.</p> <p>17 Q. Do you think those folks bear some fault?</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 A. Yes.</p> <p>20 Q. And you haven't formed any opinion about 21 percentage of fault attributable to that sort of 22 conduct in terms of the opioid crisis in Cuyahoga 23 County or Summit County, correct?</p> <p>24 A. Correct.</p> <p>25 Q. You don't intend to offer any opinions as to</p>

<p style="text-align: right;">Page 186</p> <p>1 any expenses that have actually been incurred by</p> <p>2 Cuyahoga or Summit County that are attributed to</p> <p>3 anything about the opioid crisis, correct?</p> <p>4 A. I think in our report we put the attributed</p> <p>5 accounts due to NAS in there -- or is that Ohio -- I</p> <p>6 would have to look back at my report if it was</p> <p>7 generalized to Ohio rates or if it was county-specific</p> <p>8 rates.</p> <p>9 Q. So there is a general thing about the --</p> <p>10 basically hospital costs paid by somebody relating to</p> <p>11 NAS stays over a period of time.</p> <p>12 Is that what you're talking about?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. And so as we have talked about, most</p> <p>15 of these are paid by Medicaid, correct?</p> <p>16 A. Yes.</p> <p>17 Q. So that's not paid by Cuyahoga or Summit</p> <p>18 County, correct?</p> <p>19 A. From their insurance? It is paid by</p> <p>20 Medicaid, statewide.</p> <p>21 Q. Right. Okay. So, is there any opinion that</p> <p>22 you intend to offer about any expenses that Cuyahoga</p> <p>23 County or Summit Count have actually already incurred</p> <p>24 because of anything related to opioids?</p> <p>25 A. It would just be NAS-related.</p>	<p style="text-align: right;">Page 188</p> <p>1 offer any opinions within your area of expertise about</p> <p>2 anything relating to expenses incurred or that will be</p> <p>3 incurred by Cuyahoga or Summit County?</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 A. No.</p> <p>6 Q. Okay. Your opinion is that the increase of</p> <p>7 NAS in Ohio is multifactorial, correct?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. Correct.</p> <p>10 Q. Can you list all of the factors that you</p> <p>11 think should be accounted for in connection with</p> <p>12 that?</p> <p>13 A. I think it is in the report. So I might miss</p> <p>14 one or two. But it is multi-factorial. It's based on</p> <p>15 there is mom factors, there is genetic factors, there</p> <p>16 is infant factors, there is exposure factors.</p> <p>17 So, it is like I -- like you said, it's</p> <p>18 multi-factorial.</p> <p>19 Q. Yeah. I think actually you didn't list them,</p> <p>20 you just use the word multi-factorial in paragraph 42</p> <p>21 of your report.</p> <p>22 A. Okay.</p> <p>23 Q. But I want to make sure that we just don't</p> <p>24 have shorthand for what all of those are.</p> <p>25 I'm going to guess -- let me talk about a</p>
<p style="text-align: right;">Page 187</p> <p>1 Q. And as we said, that is not actually a</p> <p>2 Cuyahoga or Summit expense, correct?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. Just the hospitals in those counties.</p> <p>5 Q. And they get paid by?</p> <p>6 A. Medicaid.</p> <p>7 Q. Medicaid almost 90 percent and private</p> <p>8 insurers most of the rest, correct?</p> <p>9 A. Correct.</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 Q. So putting it together: You're not opining</p> <p>12 that Cuyahoga or Summit have actually incurred any</p> <p>13 specific additional expenses or costs because of</p> <p>14 anything relating to the opioid crisis, correct?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. I think the whole opioid epidemic has had a</p> <p>17 large impact with loss of jobs, increased</p> <p>18 incarceration. So I think the impact, even though</p> <p>19 outside of my expertise, that there has been an</p> <p>20 impact.</p> <p>21 Q. So that whole thing you just said was outside</p> <p>22 of your expertise, correct?</p> <p>23 A. Most -- the financial aspect, yes. But the</p> <p>24 other aspect, I think would fall.</p> <p>25 Q. Okay. I mean, at trial, do you intend to</p>	<p style="text-align: right;">Page 189</p> <p>1 specific section of the report. I've marked as</p> <p>2 deposition Exhibit 1 a copy of a report.</p> <p>3 It says, In Re: National Prescription Opiate</p> <p>4 Litigation, MDL No. 2804. Scott L. Wexelblatt, MD</p> <p>5 Expert Report, March 25, 2019.</p> <p>6 (AmerisourceBergen-Wexelblatt-001 was marked</p> <p>7 for identification.)</p> <p>8 Q. So I didn't attach -- and this will be</p> <p>9 separate, your CV and whatever -- there were some</p> <p>10 attachments, and those will be separate.</p> <p>11 So paragraph 42 is where we are. And just to</p> <p>12 orient, Exhibit 1 is what we have been referring to</p> <p>13 as your report, correct?</p> <p>14 A. Yes.</p> <p>15 Q. And if you look on the last numbered page,</p> <p>16 page 25, is that your signature from March 25, 2019?</p> <p>17 A. That is a computer generated, yes.</p> <p>18 Q. Okay. How long before then had you started</p> <p>19 your work on this report?</p> <p>20 A. I first met with plaintiffs' attorneys in</p> <p>21 December, I think.</p> <p>22 Q. Do you know how many total hours you spent</p> <p>23 preparing the report and other work that you did prior</p> <p>24 to signing it?</p> <p>25 A. It was 15 hours.</p>